

**Recipient Committee  
Campaign Statement  
Cover Page**  
(Government Code Sections 84200-84216.5)

COVER PAGE

**CALIFORNIA  
FORM  
460**

Date Stamp

**FORM**

**Statement covers period**

from 07/01/2022

through 12/31/2022

**Date of election if applicable:**  
(Month, Day, Year)

11/05/2024

SEE INSTRUCTIONS ON REVERSE

<b>1. Type of Recipient Committee:</b> All Committees – Complete Parts 1, 2, 3, and 4.	
<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Recall <input type="checkbox"/> Sponsored <i>(Also Complete Part 5)</i>	
<input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Primarily Formed Candidate/ <input type="checkbox"/> Sponsored <input type="checkbox"/> Officeholder Committee <input type="checkbox"/> Small Contributor Committee <i>(Also Complete Part 7)</i> <input type="checkbox"/> Political Party/Central Committee	

**COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)**  
Patino for Mayor 2024

**2. Type of Statement:**

- Preelection Statement
- Quarterly Statement
- Semi-annual Statement
- Special Odd-Year Report
- Termination Statement
- Supplemental Preelection Statement - Attach Form 495
- Amendment (Explain below)

**3. Committee Information**

I.D. NUMBER

1342332

**COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)**

Patino for Mayor 2024

**Treasurer(s)**

**NAME OF TREASURER**

Tom Martinez

**MAILING ADDRESS**

2624 Airpark Dr.

CITY

Santa Maria

STATE

CA

ZIP CODE

93455

AREA CODE/PHONE

(805) 934-5737

CITY

Santa Maria

STATE

CA

ZIP CODE

93455

AREA CODE/PHONE

(805) 934-5737

CITY

Trent Benedetti

STATE

CA

ZIP CODE

93455

AREA CODE/PHONE

(805) 934-5737

CITY

2151 S. College Dr., Ste. 101

STATE

CA

ZIP CODE

93455

AREA CODE/PHONE

(805) 934-5737

OPTIONAL: FAX / E-MAIL ADDRESS

tom@martinezassoc.net

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/19/2023

Date

01/19/2023

Signature of Treasurer or Assistant Treasurer

*Travis Benoit*

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

*Cherie M. Martinez*

Signature of Controlling Officeholder, Candidate, State Measure Proponent

*Cherie M. Martinez*

Date

01/19/2023

Date

01/19/2023

Date

**Recipient Committee  
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COVER PAGE - PART 2

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE		
Alice Patino		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		
Mayor		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE ZIP
2624 Airpark Drive	Santa Maria	CA 93455

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOVENT		

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.**

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Patino for Mayor 2024

<b>STATEMENT COVERS PERIOD</b>		<b>CALIFORNIA FORM</b>
from	07/01/2022	460
through	12/31/2022	Page 3 of 4

NAME OF FILER	I.D. NUMBER
Patino for Mayor 2024	1342332

## Contributions Received

	<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	\$ 0.00	\$ 0.00
2. Loans Received .....	\$ 0.00	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	\$ 0.00	\$ 0.00
4. Nonmonetary Contributions .....	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	\$ 0.00	\$ 0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ 110.30	\$ 544.40
7. Loans Made .....	Schedule H, Line 3	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ 110.30	\$ 544.40
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ 110.30	\$ 544.40

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ 15,334.64	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Column A, Line 3 above	\$ 0.00	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$ 0.00	
15. Cash Payments .....	Column A, Line 8 above	\$ 110.30	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 15,224.34	

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ 0.00	
<b>Cash Equivalents and Outstanding Debts</b>			
18. Cash Equivalents .....	See instructions on reverse	\$ 0.00	
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ 0.00	

## Schedule E Payments Made

**Amounts may be rounded to whole dollars.**

<b>Statement covers period</b>	<b>CALIFORNIA FORM</b>	
<b>from</b> <u>07/01/2022</u>	<b>through</b> <u>12/31/2022</u>	<b>Page</b> <u>4</u> <b>of</b> <u>4</u>
		<b>I.D. NUMBER</b>
		<u>13423332</u>

SEE INSTRUCTIONS ON REVERSE

Pattino for Mayor 2024

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
C/C	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings
MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads
RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE  
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

**Benedetti & Associates, Inc.**  
2151 S. College Dr Ste 101  
Santa Maria, CA 93455

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	DESCRIPTION OF PAYMENT	CODE OR	AMOUNT PAID
Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455	Accounting	PRO	60.30

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## Schedule E Summary

- |  |                       |                  |
|--|-----------------------|------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....   | \$ .....              | \$ 60.30         |
| 2. Unitemized payments made this period of under \$100 .....   | \$ .....              | \$ 50.00         |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)) .....                    | \$ .....              | \$ 0.00          |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL \$ .....</b> | <b>\$ 110.30</b> |